



Motion for Permission to Appeal In Forma Pauperis and Affidavit

v.

District Court No.

07-00756-CV-W-S

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: October 25th 2007Signed: [Signature]

My issues on appeal are:

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>540</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interests and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as Social Security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as Social Security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>640</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public assistance (such as welfare)	\$ <u>100</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify) _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Wendup	Ross Clerk Cir	3/07 - 6/07	\$ 300
OSI	Ross Clerk Cir	3/07 - 5/07	\$ 400
Sonic	Hwy 84	3/07 - 3/07	\$ 500

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Wachovia	Checking	\$ 0.00	\$ N/A
		\$	\$ N/A
		\$	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
none	none	Make & Year: none
		Model: _____
		Registration #: _____
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
none	none	Make & Year: none
		Model: _____
		Registration #: _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
none		N/A
		N/A
		N/A

7 State the persons who rely on your or your spouse for support

Name	Relationship	Age
<u>None</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ <u>275</u>	\$ <u>N/A</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>N/A</u>
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>N/A</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>75</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>50</u>	\$ <u>N/A</u>
Food	\$ <u>200</u>	\$ <u>N/A</u>
Clothing	\$ <u>20</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>50</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>60</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments):	\$ <u>0</u>	\$ <u>N/A</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify) _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>N/A</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify) _____	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses	\$ <u>725</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much: \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much: \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Not working. Incarcerated

13. State the address of your legal residence.

901 E Main St
Dothan AL 36301

Your daytime phone number: (_____) _____

Your age: 26 Your years of schooling: 12+

Your Social Security number: 115/64/9604

RECEIVED

2007 NOV -8 A 10: 14

DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

Debra P. Hackett
Clerk, U.S. District Court
15 LEE ST STE 206
MONTGOMERY AL 36104-4055

November 05, 2007

Appeal Number: 07-14844-C

Case Style: Hashim Asaad-Muhammed Shabazz v. Houston County

District Court Number: 07-00756 CV-W-S

TO: Debra P. Hackett

CC: Administrative File

United States Court of Appeals

Eleventh Circuit
56 Forsyth Street, N.W.
Atlanta, Georgia 30303

Thomas K. Kahn
Clerk

RECEIVED
2007 NOV -8 A 10:14
DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT, ALA.
In Reply, Give Number
of Case and Names of Parties

November 5, 2007

Debra P. Hackett
Clerk, U.S. District Court
15 Lee Street, Suite 206
Montgomery, Alabama 36104-4055

RE: 07-14844-C

Case Style: Hashim Asaad-Muhammed Shabazz v. Houston County
DC DKT NO.: 07-00756 CV-W-S

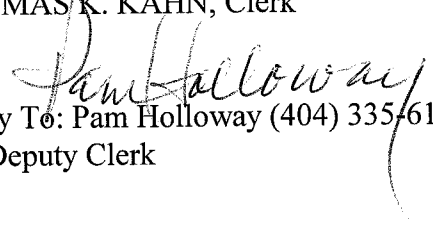
Enclosed for filing in your court is appellant's **Motion to Proceed on Appeal in forma pauperis** which was received by our court on October 31, 2007.

This document should be filed in your court. Please advise our office when your court has ruled on this motion by sending an up-to-date copy of your docket sheet, and a certified copy of the order of your court.

Please acknowledge receipt of this motion on the enclosed copy of this letter.

Sincerely,

THOMAS K. KAHN, Clerk


Reply To: Pam Holloway (404) 335-6182
Deputy Clerk